

COUNTY OF KAUAI
KAUAI FIRE DEPARTMENT
PARTICIPANT'S WAIVER OF CLAIM AND INDEMNITY AGREEMENT FOR

COUNTY'S _____
(PROGRAM NAME) (LOCATION) (PROGRAM DATE)

For and in consideration of the County's providing the above-mentioned program, we, the undersigned, jointly, individually and in any representative or legal capacity, on behalf of our respective selves, heirs, executors and/or administrators, do hereby waive, release, discharge and agree to hold harmless and indemnify the COUNTY OF KAUAI, its officers, employees and agents, individually and in their official capacity, from all liability of loss of any claim for death, injury, or damage to property resulting directly or indirectly from the undersigned participant's participation in the program at any beach within the State of Hawaii. Undersigned acknowledges that this waiver covers air transportation, overnight accommodations, and ground transportation. We further avow that our aforesaid waiver, release, discharge and agreement shall be applicable to any owner of a facility and/or property at or upon which the program is held.

(initial)

REGISTRATION

PLEASE PRINT

T-Shirt Size _____

NAME OF PARTICIPANT _____ Male ☐ Female ☐
(Last) (First) (M.I.)

ADDRESS _____
(Street) (City) (State) (Zip Code)

BIRTHDATE _____ PHONE _____ / _____
(Residence) (Cell/Other)

PROOF OF AGE DOCUMENT _____

IN CASE OF EMERGENCY NOTIFY _____
(Name) (Relationship) (Phone)

FAMILY PHYSICIAN _____ PHONE _____

IF PARTICIPANT REQUIRES SPECIAL ACCOMMODATIONS, PLEASE EXPLAIN _____

Requests for an interpreter or accommodation due to a qualifying disability must be received no later than five (5) days before the activity/program begins. If an interpreter/accommodation has been requested for a program/activity, cancellation must be received no later than forty-eight (48) hours prior to the start of the program. If you cancel less than 48 hours prior to the program/activity, or fail to attend, you will be responsible for any fees/payments for the interpreter/accommodation.

Proof of age required at the time of registration. Acceptable documents are birth certificate, driver's license, state identification or passport.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Reviewed by _____
(Print name and initial) (Date)

Kauai Fire Department
Consent Form

The undersigned hereby irrevocably consents to and authorizes the use by County of Kauai Fire Department, its officers and employees, ("County") of the undersigned's image, voice and/or likeness as follows: The County shall have the right to photograph, publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse the undersigned's image, voice and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in County's products or services, as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. County may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or nonprofit. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may simply be the opportunity to represent the County in its promotional and advertising materials as described above.

Please indicate your agreement to the foregoing by signing below.

Signature _____

Print Name _____

Address _____

Telephone No. _____

Date _____

If you are under seventeen (17) years of age, your parent or guardian must sign below:

I represent that I am a parent/guardian of the minor who has signed the above release and that in that capacity County has my consent and authorization to use the name, voice and/or likeness as described above.

Parent/Guardian:

Signature _____

Print Name _____

Date _____